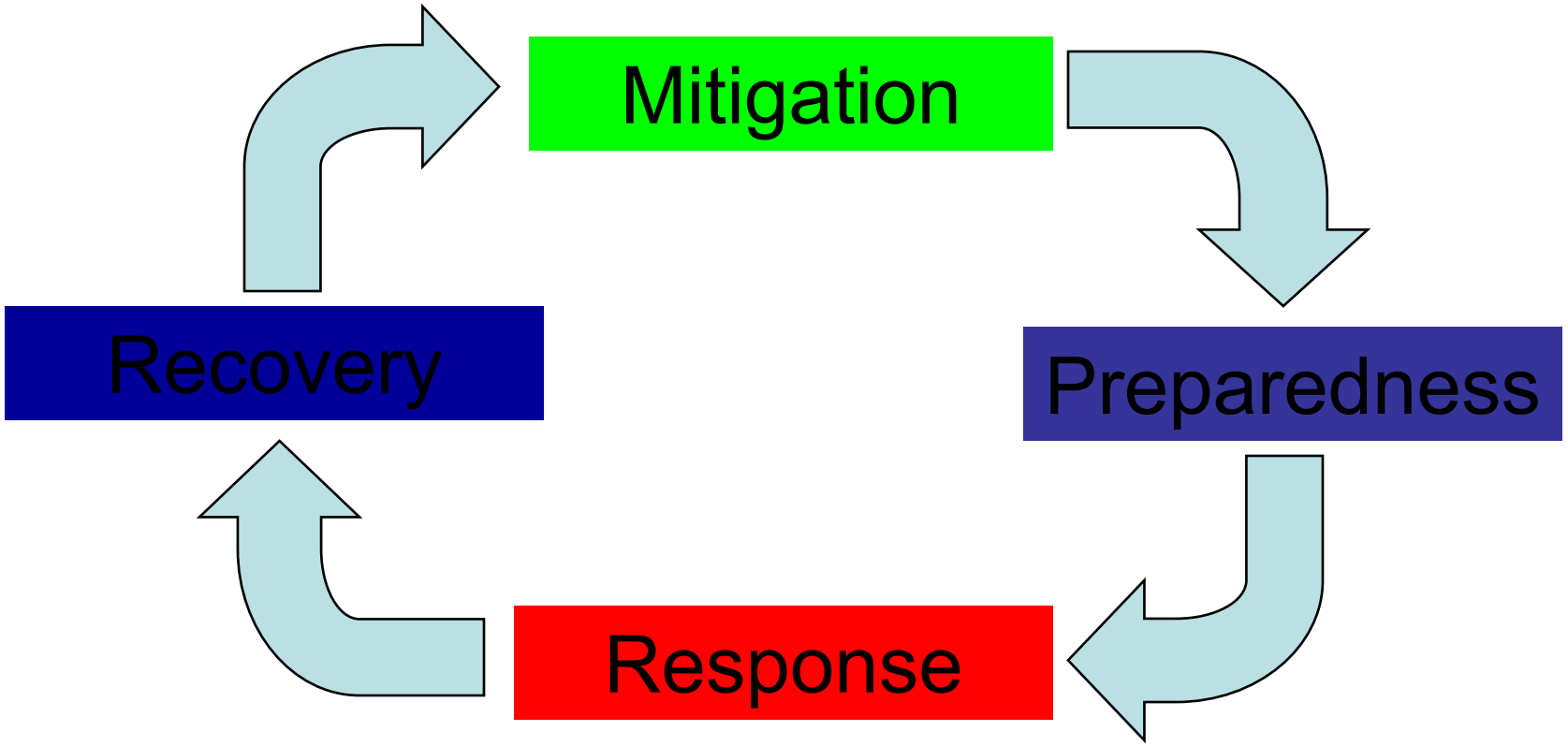
Medical Incident Command

Major Incident

- Cannot be managed with local resources
  - Multiple patients
  - Special hazards
    - Chemical
    - Radiological
    - Biological
  - Difficult rescue

Emergency Management Cycle



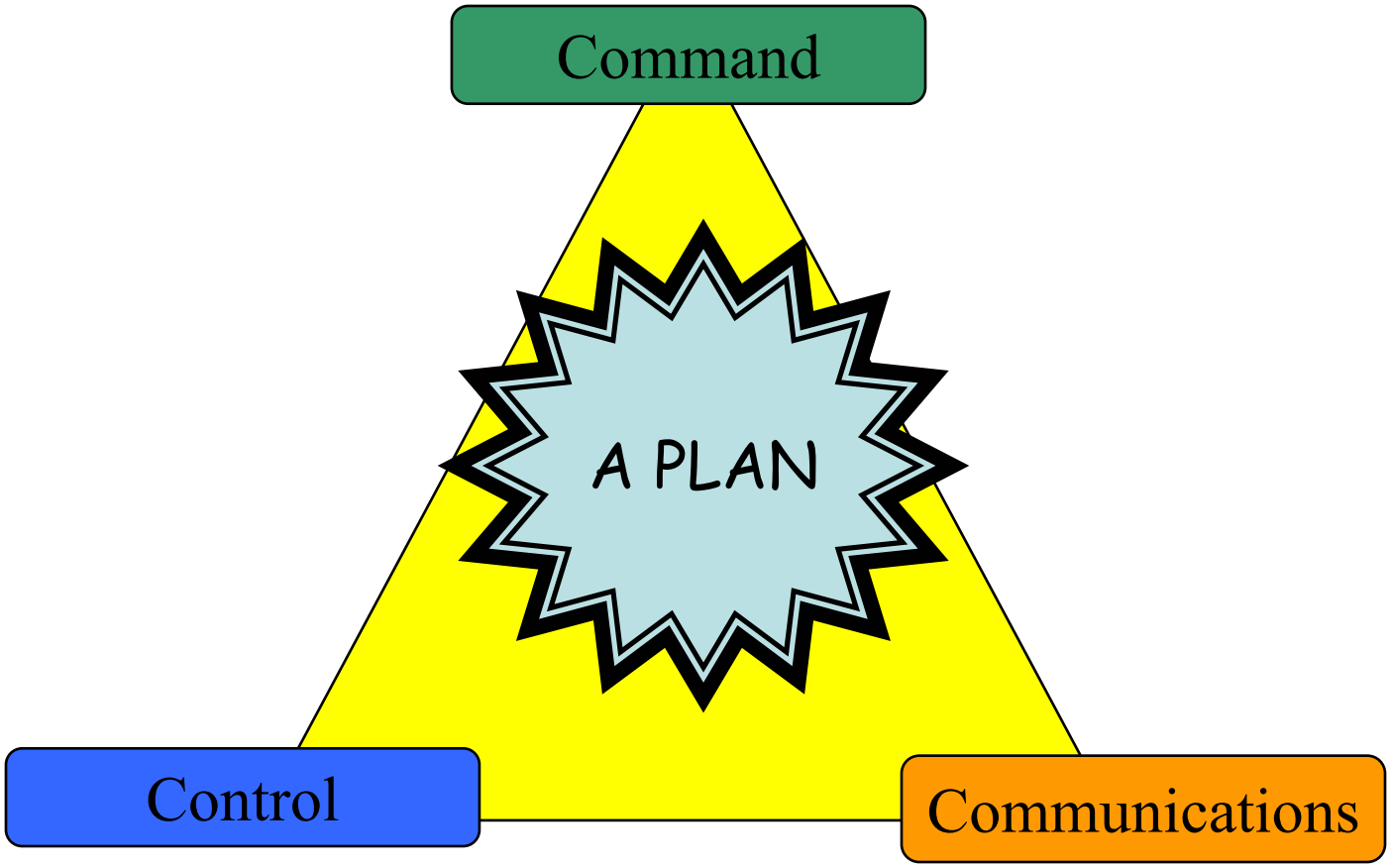
Major Incident

LIMITED RESOURCE SITUATION

- Do the most good for the most people
  - Control response
  - Control treatment
  - Control transport

Success depends on:

- Knowing what is needed
- Knowing what is available
- Matching needs/resources


Command
A PLAN
Control
Communications

A good plan. . .

- Simple, concise, realistic
- Designed by people who will use it
- Defines responsibilities, areas of authority
- Provides unified command
- Defines initial actions thoroughly, precisely

A good plan. . .

- Keeps people doing what they do best
- Provides for smooth interaction
- Provides common terminology, communications interface
- Provides for training, practice, evaluation, revision

A good plan. . .

- Describes what needs to be done, but…
- Leaves how to do it up to people using plan

Incident Management Systems

A Framework for Planning

IMS History

- Developed in 1970s following series of major wild-land fires in Southern California
- FIRESCOPE
- Problems identified
  - Nonstandard terminology
  - Lack of flexibility in organizational structure
  - Non-integrated communications
  - Lack of consolidated action plans
  - Lack of designated facilities

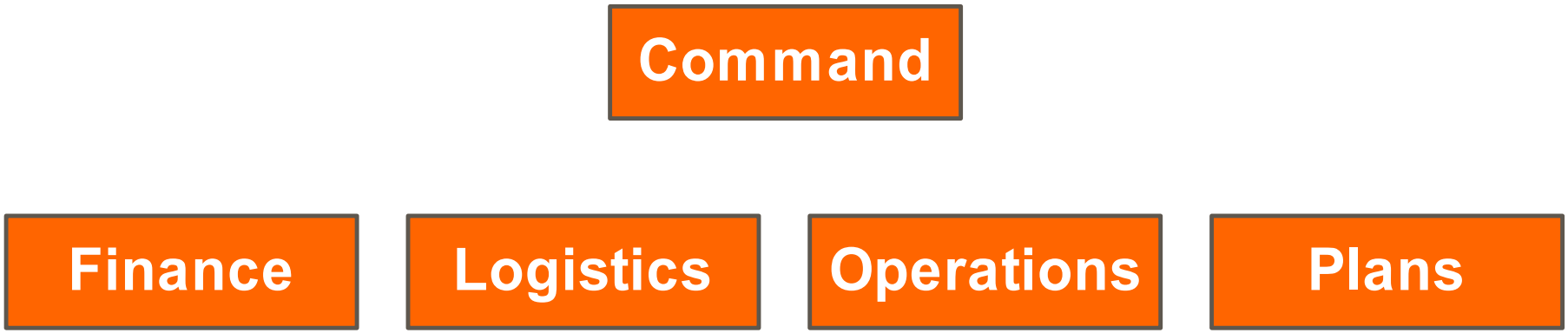
Incident Management System

- Model tool for command, control, coordination of resources during incidents
- Overcomes jurisdictional, geographic boundaries
- Expands, contracts with incident
- Works for all incidents
- Used by public, private sectors

Incident Management System

- Required by federal law (OSHA, EPA) for HAZMAT incidents
- National standardization occurring
- Local variations still exist

Basic IMS Elements



C-FLOP

Command

- Established at every incident
- Responsible for all functions unless delegated

Command

- Oversees incident needs
- Sets incident priorities, strategies, objectives
- Identifies appropriate command structure
- Develops incident action plan
- Coordinates with other agencies
- Approves, orders, deploys, releases resources
- Authorizes public information releases
- Determines when to transfer/terminate command

Command Structures

- Single Command
  - One commander for entire incident
  - Works well for:
    - Short duration incidents
    - Limited jurisdictions
    - Limited responsibilities
  - Does not work well for:
    - Overlapping responsibilities
    - Overlapping jurisdictions
    - Incidents that evolve over time
- Unified Command
  - Agency command personnel unify
  - Right agency at right time
  - Stimulates cooperation
  - Provides for balanced decision-making
  - Maintains
    - Adequate span of control
    - Unity of command

Single vs Unified Command?

- An major fire has occurred in a high-rise office building in City A.
- The building has been evacuated with no casualties.
- Fire suppression units from City A have responded along with pre-designated police, EMS, and public works units from City A
- Mutual aid fire suppression units have been requested from City B and City C.

Single vs Unified Command?

- An major fire has occurred in a large apartment complex in City A.
- At least 50 persons have suffered burns and inhalation injury.
- At least 500 persons have been displaced from their homes.
- Fire, EMS, and police elements from City A have responded.
- Mutual aid EMS and fire suppression units have been requested from City B and City C.

Single vs Unified Command?

- A train derailment with a hazardous chemical spill has occurred in City A.
- A nearby residential neighborhood is exposed.
- Product is draining into the storm sewer system and into a nearby creek.
- Units from the police, fire, and public works departments have responded.

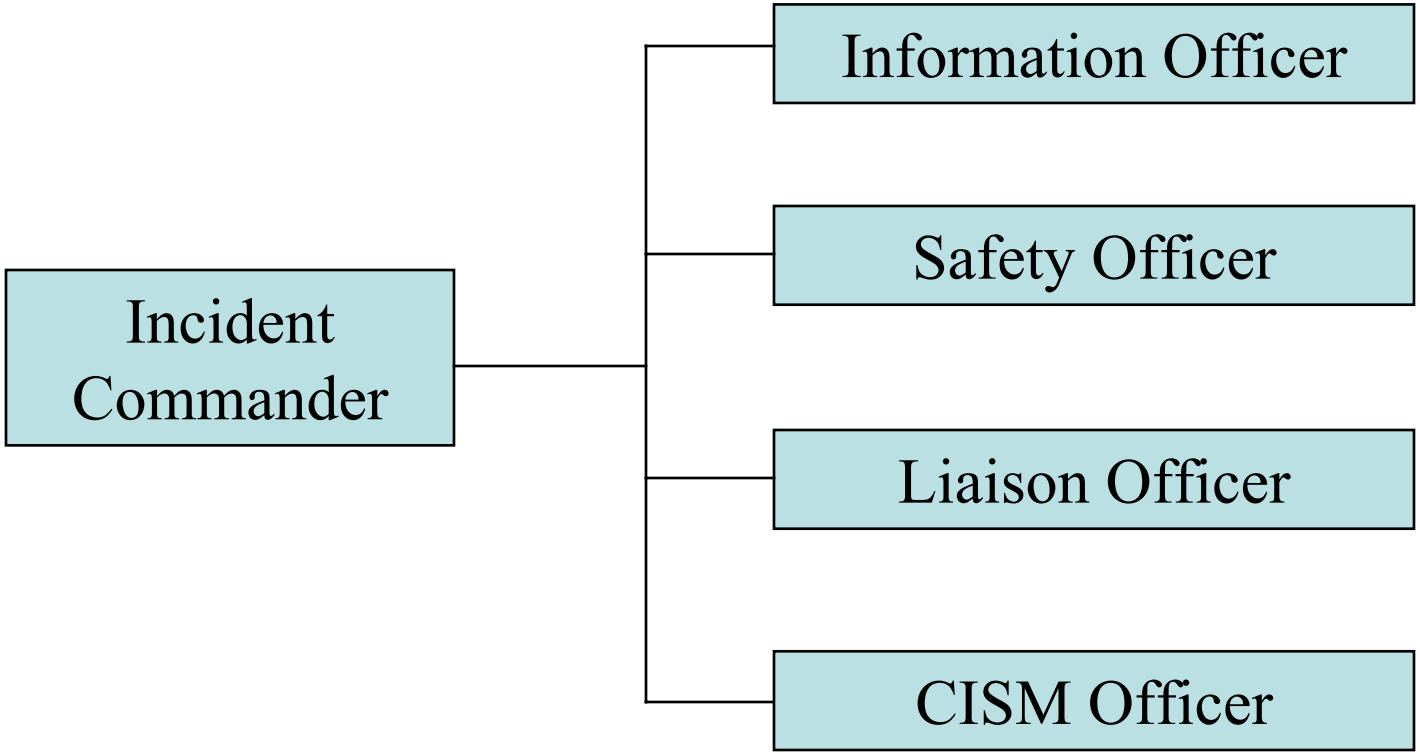
Single vs Unified Command?

- A grass fire that started in County A has extended into County B and County C.
- The fire now covers 100,000 acres.
- Elements from 8 municipal fire departments and the State Forest Service are involved.

Single vs Unified Command?

- A mass shooting incident has occurred at a school in City A.
- The suspect is still on scene.
- Police and EMS elements from City A and EMS mutual aid elements from Cities B and C have responded.

Command Special Staff



Information Officer

- Expedites effective, accurate dissemination of media information
- When appropriate, escorts media representatives through scene
- Only one per incident

Safety Officer

- Assesses hazardous and unsafe situations
- Develops measures to assure personnel safety
- Investigates accidents in incident area
- Has emergency authority to bypass chain of command to prevent or stop unsafe acts

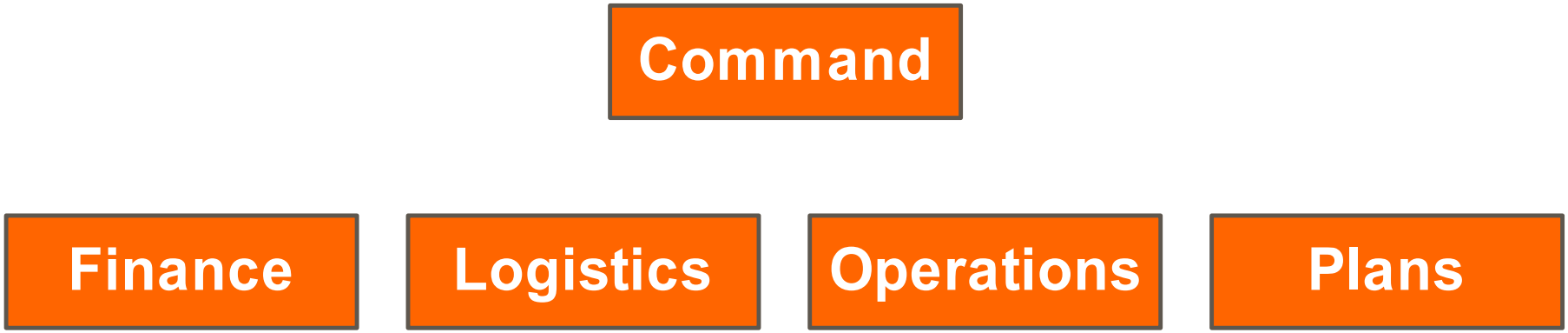
Liaison Officer

- Point of contact for agencies:
  - Other than command agency in single command structures
  - Not participating in unified command in unified command structures

CISM Officer

- Monitors emotional status of all on-scene personnel
- Coordinates defusings, debriefings as needed

Command General Staff



Finance-Administration

- Not part of routine daily incidents
- Seldom used on small scale incidents
- Essential as incident grows in magnitude, costs

- Responsibilities
  - Time accounting
  - Procurement
  - Estimating costs
  - Paying claims

Logistics

- Seldom used at routine daily incidents
- Expands as incident size, duration increase

- Responsible for:
  - Supplies, equipment
  - Facilities
  - Food
  - Communications support
  - Incident personnel medical support

Operations

- Major functional area in all incidents
- Responsible for all activities directly applicable to primary mission

- Responsibilities
  - Develops operations portion of incident action plan
  - Supervises operations to meet tactical objectives
  - Determines need for additional resources

Planning

- Command's "intelligence" function
- Past, present, future information about incident
- Information on alternative strategies
- Real-time information on resource, situation status

Where will EMS usually fall in the IMS Structure?

IMS Terminology

Division vs. Group

- Division = A geographical subdivision of an incident (North Division, Interior Division)
- Group = A functional subdivision of an incident (Suppression Group, Rescue Group, Ventilation Group)

IMS Terminology

- Single Resource = One of anything (fire engine, ambulance, etc.) plus people needed to use it
- Task Force = Combination of single resources assembled for specific mission (battalion chief, engine, truck, heavy rescue, ambulance)
- Strike Team = Set number of single resources of same kind plus leader in separate vehicle (a police sergeant and 3 two-officer elements)

IMS Terminology

LEVEL	TITLE	EXAMPLE
Incident Commander	Incident Commander	
Command Staff	Officer	Safety Officer
Section (FLOP)	Chief	Operations Chief
Branch	Director	EMS Branch Director
Division/Group	Supervisor	Treatment Group Supervisor
Unit	Leader	Morgue Unit Leader

IMS Terminology

- Command post
  - Located in field near incident
  - Representatives from all responding agencies
  - Allows for C^3 interface during incident
  - Strategic/operational focus during smaller, short duration incidents
  - Operational focus in incidents when EOC is activated
- Emergency Operations Center (EOC)
  - Located at fixed facility away from incident
  - Activated during complex, widespread, or prolonged incidents
  - Focus for strategic decision-making, planning, logistics
  - Liaison with state, federal authorities

Command Post vs EOC

- The EOC determines:
  - What?
  - When?
  - Where?
- The Command Post determines:
  - How?

EMS In Major Incidents

- Effective C^3 begins with first unit
  - Establish command
  - Do NOT treat patients

EMS Branch Director (EMS Command)

- Perform size-up
- Priorities
  - Life Safety
  - Incident Stabilization (stable vs. unstable)
  - Property Conservation

EMS Branch Director (EMS Command)

- Declare major incident
- Request appropriate assistance
- Designate staging area
- Designate treatment area(s)
- Coordinate with other agencies as part of unified command
- Direct EMS activities until relieved

Triage

- Coordinate patient removal from danger with rescue/extrication personnel
- Provide Command with updates
- Identify/correct life-threats without slowing triage
- Assess, categorize, tag
- Coordinate “hazard zone” activities
- Continuously retriage

Staging

- Identify safe location for vehicle staging
- Assure access routes
- Assure orderly parking, traffic flow
- Categorize units, capabilities
- Assign units as requested
- Inform Command of status

Treatment

- Locate treatment areas, advise Command and Triage
- Evaluate resources needed for treatment
- Assign, coordinate treatment personnel
- Maintain Morgue, Rehab units as needed
- Inform Command of status
- Inform Command of available manpower

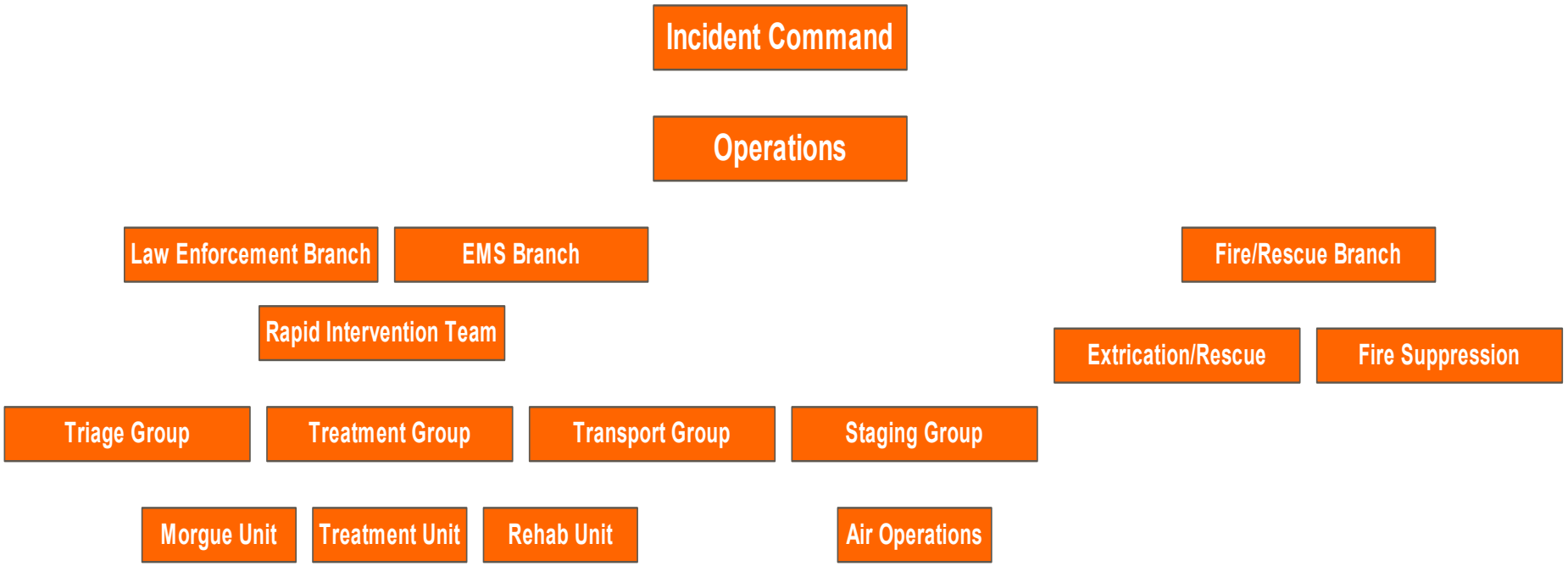
Transport

- Establish transport area(s)
- Request ambulances from staging
- Coordinate transport of patients with dispatch or command hospital
- Direct transport to appropriate facilities
- Inform Command of status
- Maintain records of patient destinations

Rapid Intervention Team

- Dedicated ambulance/personnel
- Stands by in event of rescuer illness/injury

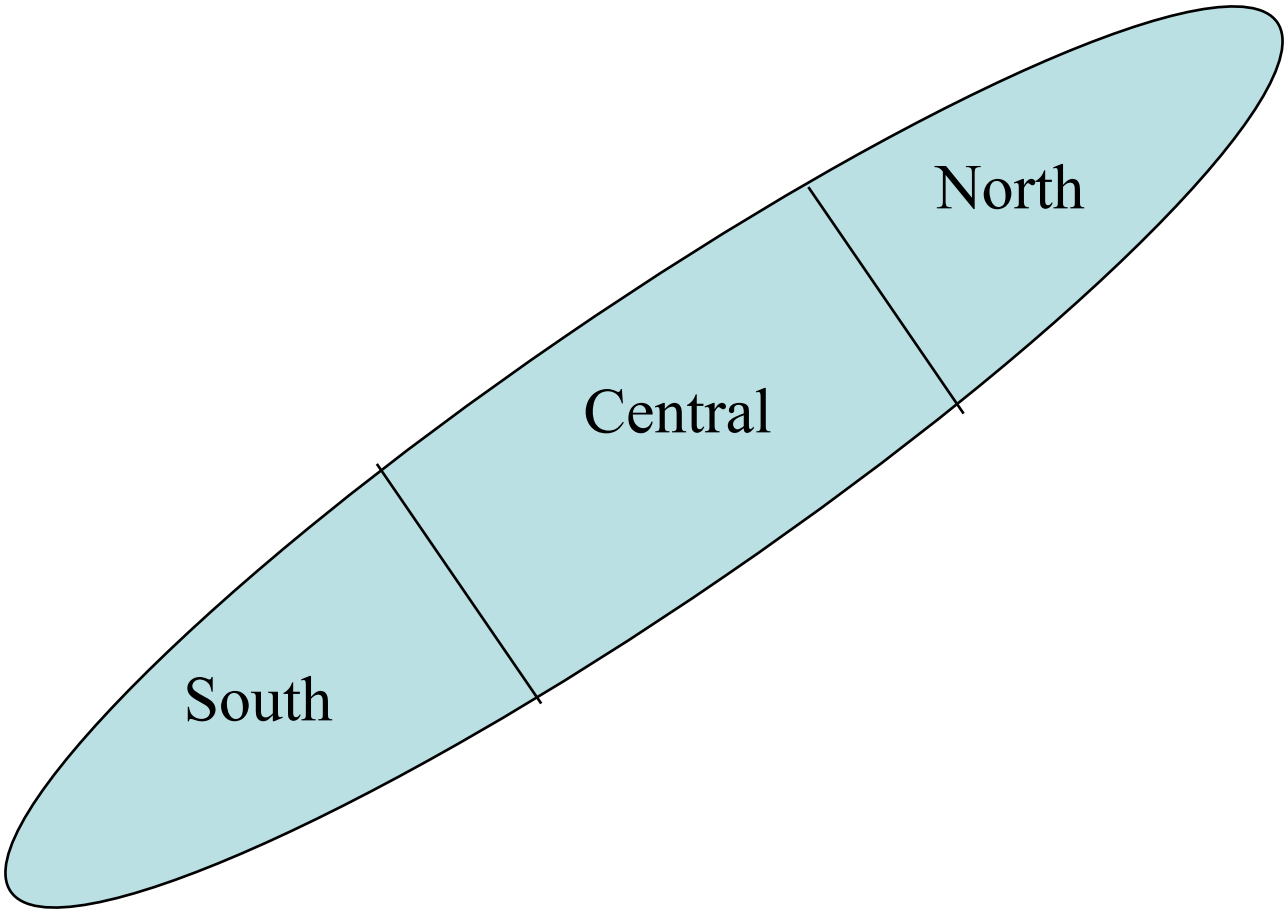
Incident Management System



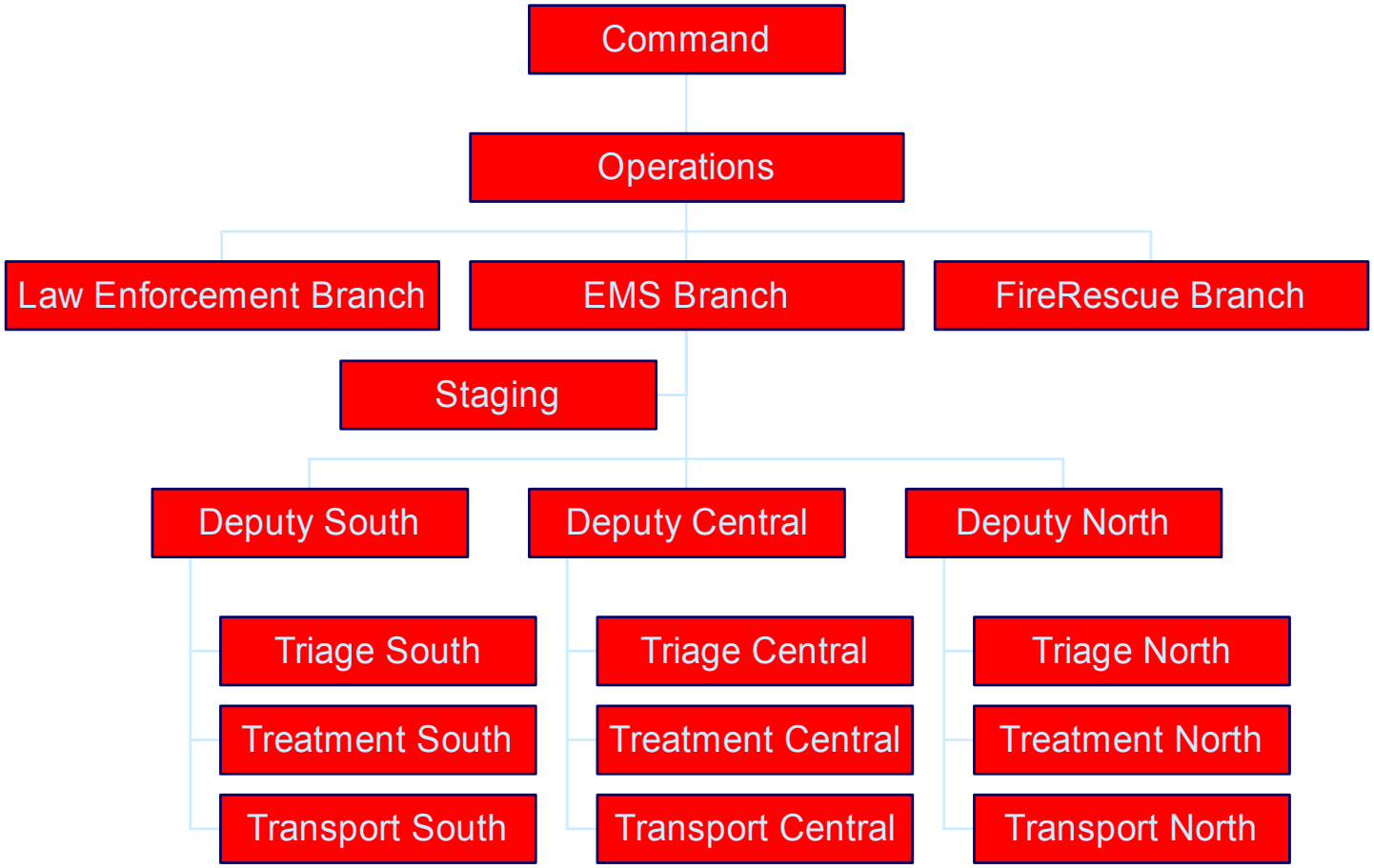
Incident Command System

- Positions are functions, not persons
- One person can fill more than one position
- Until delegated, Command performs all functions
- Address communications to functions, not persons

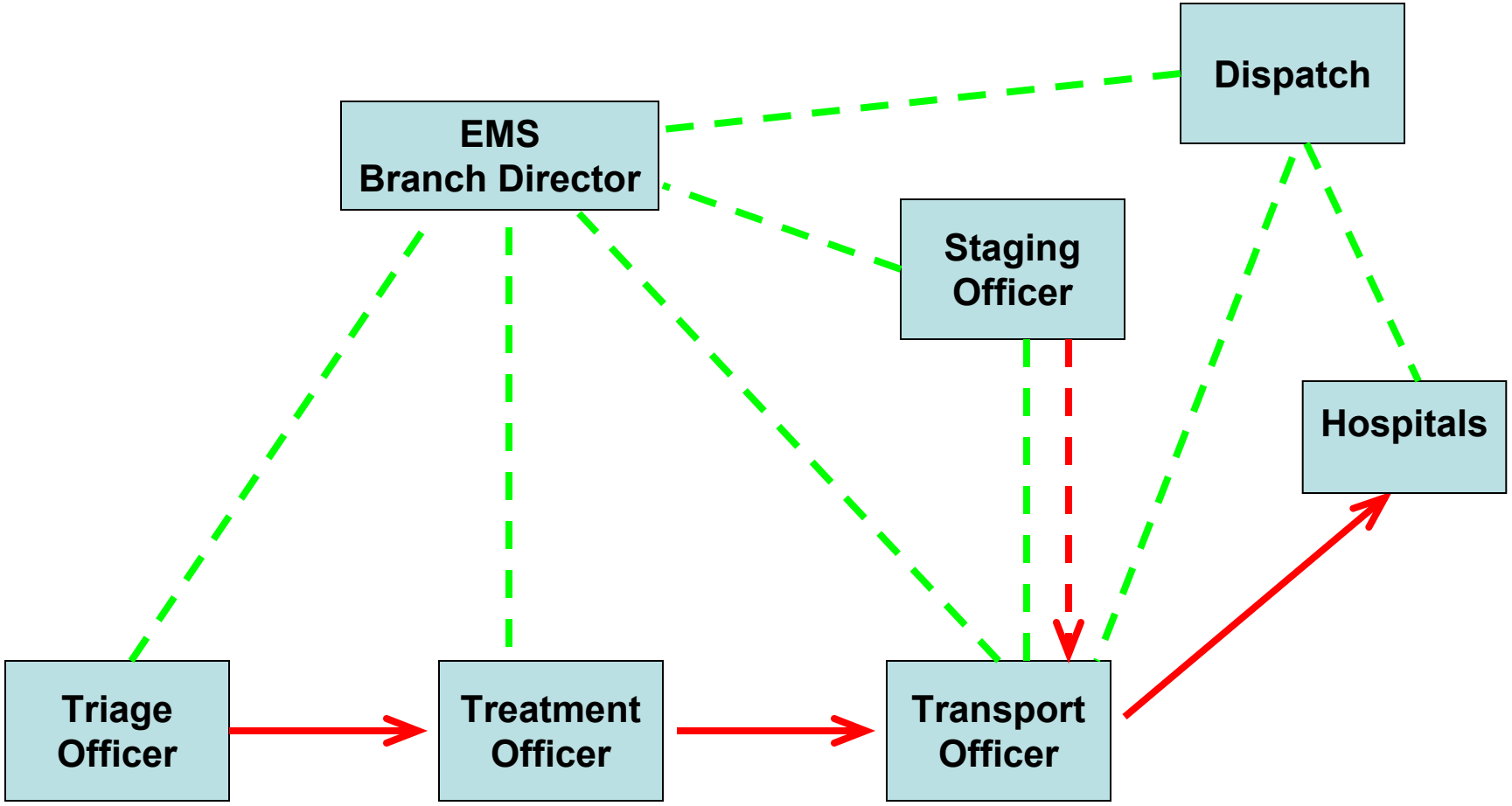
Incident Management System



Incident Command System



Incident Command System



On-Scene Physicians

- Triage
  - Comfort with difficult decisions
  - Emergency surgery to facilitate extrication
- Treatment
  - On-scene medical direction
  - Secondary triage decisions in treatment area
  - Specialized invasive procedures

Common Problems

- Lack of proper community assessment and planning
- Lack of adequate training
- Lack of identifiable command personnel

Common Problems

- Delayed notification of event
- Failure to conduct proper triage
- Lack of “initial” patient stabilization
- Failure to move patients to treatment area

Common Problems

- Time-consuming patient care
- Premature patient transport
- Improper or inefficient personnel use
- Lack of proper patient distribution to medical facilities
- Failure to track patient destinations

Triage

- “To sort”
- Prioritizing patients based on severity
- Dynamic process
- Occurs at multiple points during incident
  - Hazard zone by triage officer
  - Treatment area by treatment officer
  - Transport area by transport officer

Primary Triage

- Focus on speed to quickly sort patients
- Document locations
- Categorize condition for treatment
- Identify transport needs
- Triage tape or labels used

Secondary Triage

- Used at treatment areas
- Retriage of patients
- Not always necessary at small incidents
- Paper tags used

START

Simple Triage & Rapid Treatment

- Hoag Memorial Hospital, Newport Beach, CA
- Allows rapid sorting
- Essentially the PHTLS Rapid Initial Assessment

START

- Able to walk?
  - Yes = MINOR
  - No = Assess Ventilation

START

- Ventilation present?
  - Yes = Greater than 30 per minute?
    - Yes = Immediate
    - No = Assess perfusion
  - No = Position airway. Breathing present?
    - Yes = Immediate
    - No = Dead

START

- Radial pulse present or capillary refill < 2 seconds?
  - Yes = Assess mental status
  - No = Immediate, Control Bleeding

START

- Follows commands
  - Yes = Delayed
  - No = Immediate

Four Category System

Priority 1	Immediate	Red
Priority 2	Delayed	Yellow
Priority 3	Hold	Green
Priority 0	Deceased	Black

Rules of Triage

- Greatest good for greatest number
- Save lives, then limbs
- One Chief, many Indians
- Squeaky wheels don’t need grease
- You can’t save everyone! So don’t try!

CISM

- Critical incident = Powerful emotional response to catastrophic event
- Can be immediate or delayed
- Can be physical, emotional, or behavioral

CISM

- Large or prolonged incidents: Include CISM officer in command staff
- Smaller incidents: Personnel must monitor one another, be prepared to respond appropriately